Copies of any bulletin may be ordered by calling the Section of Epidemiology at (907) 269-8000 or by writing to us at PO Box 240249, Anchorage, Alaska 99524-0249

Bulletin No. 2 January 13, 1975 Measles and Rubella Eliminated in Alaska in 1974: A Public Health First

Measles and rubella, two common diseases of childhood, did not occur in Alaska in 1974. Alaska is the first and only state to achieve this public health goal.

Forty-one suspect cases of measles or rubella were reported to the Department of Health and Social Services during 1974. All forty-one were investigated and turned out to be other diseases, either roseola, chickenpox, drug allergies or other viral rashes.

The campaign to wipe out measles began in 1966 with mass immunization clinics in the urban areas of the state and then concentrated immunization efforts by Public Health Nurses in the bush areas. The campaign against rubella began in 1969.

Measles can be extremely dangerous to infants as well as to younger children. Its most serious complications are pneumonia or encephalitis. On the other hand, rubella is rarely dangerous to the otherwise healthy child. This disease is dangerous to the unborn child. Pregnant women who get the disease, in a high percentage of cases, will give birth to brain damaged, blind, or crippled children. In some cases, the child will be aborted or stillborn.

We believe that the measles and rubella virus are not currently in Alaska. Cases will undoubtedly occur in the future, but these will be introduced by visitors or arrivals from other states.

We ask for your assistance. If you see a suspect case of measles or rubella, please contact us immediately, so that we may help to document the diagnosis and help organize local immunization programs where needed.

- 1. Call collect, the Section of Communicable Disease Control in Anchorage 272-7534, or report the information on the Rapid Telephonic Reporting System Zenith 1700 (outside Anchorage), 279-5535 (in Anchorage).
- 2. If possible obtain 5-10cc of sera at the time of acute illness and two weeks later. We will then arrange for serologic testing. (There is no charge to the patient for this service.)

Only by constant surveillance and continued upgrading of the infant immunization program can such excellent results continue in the future.